

### DEPARTMENT OF THE ARMY HEADQUARTERS, U.S. ARMY GARRISON FORT MONMOUTH Fort Monmouth, New Jersey 07703-5101



REPLY TO ATTENTION OF

S: 2 June 2003

SELFM-SO

15 May 2003

MEMORANDUM THRU Mr. Glen Perlakowski, Director, Directorate for Morale, Welfare and Recreation

TO Mrs. Maritza Rivera, Tickets N' Tours Office

SUBJECT: Annual Safety Survey and Program Evaluation

- 1. Reference CECOM-R 385-4, 7 Aug 88, Safety Program.
- 2. Ms. Gail Paustian, OSHA Management Office (OMO), completed the Annual Safety Inspection of Tickets N' Tours Office.
- 3. Deficiencies noted during the walk through inspection are enclosed. Request Part II, corrective action taken or proposed be completed and returned to this office by 2 June 2003.
- 4. The POC for this action is Gail Paustian, X20083.

Encl

rector, Public Safety

SELFIN- MWK

VIOLATION NUMBER:	001	BUILDING NUMBER:	1010
OFFICE SYMBOL:	SELFM-MWR	ROOM NUMBER:	
INSPECTION TYPE:	Annual	TYPE OF VIOLATION:	
INSPECTION DATE:	15 May 03	STANDARD VIOLATED:	1910.22
INSPECTOR ID:	GP	RAC CODE:	2C3
There are 3 outlet stanchie	ons located in the aisle	next to Maritza's desk which ar	e a trinning hazard
		next to Maritza's desk which ar	e a tripping hazard.
RECOMMENDED CORR	ECTIVE ACTION:		e a tripping hazard.
	ECTIVE ACTION:		e a tripping hazard.  DATE

#### PART II CORRECTIVE ACTION TAKEN OR PROPOSED

CORRECTIVE ACTION TAKEN OR PRO	POSED:
ESTIMATED COMPLETION DATE:	ACTUAL COMPLETION DATE:
	1-2, MUST BE INCLUDED WITH RESPONSE FOR EACH I CANNOT BE CORRECTED IN 30 DAYS
CORRECTIVE ACTION TAKEN BY:	
NAME (PRINT):	
TITLE (PRINT):	
SIGNATURE/DATE:	

VIOLATION NUMBER:	002	BUILDING NUMBER:	1010		
OFFICE SYMBOL:	SELFM-MWR	ROOM NUMBER:	Rest Rooms		
INSPECTION TYPE:	Annual	TYPE OF VIOLATION:			
INSPECTION DATE:	15 May 03	STANDARD VIOLATED:	1910.305		
INSPECTOR ID:	GP	RAC CODE:	2B2		
Occupants of bldg said the electrical are not used.  RECOMMENDED CORRECTIVE ACTION: Recommend instead of equipping outlets with GFCI replace cover so that it covers the outlet.					
INSPECTOR'S SIGNATU	RE: Gail Paustian	dail Carrier	DATE 15 May 2003		

#### PART II CORRECTIVE ACTION TAKEN OR PROPOSED

CORRECTIVE ACTION TAKEN OR P	ROPOSED:	
ESTIMATED COMPLETION DATE:	ACTUAL COMPLETION DATE:	
	1161-2, MUST BE INCLUDED WITH RES. HCH CANNOT BE CORRECTED IN 30 DA	
CORRECTIVE ACTION TAKEN BY:		
NAME (PRINT):		
TITLE (PRINT):		
SIGNATURE/DATE:		

OFFICE SYMBOL: INSPECTION TYPE:	SELFM-MWR	ROOM NUMBER:	X7 1.
INSPECTION TYPE:	A====1	10000110011DEIG	Vault
	Annual	TYPE OF VIOLATION:	
INSPECTION DATE:	14 May 03	STANDARD VIOLATED:	AR 608-10
INSPECTOR ID:	GP	RAC CODE:	2B2
RECOMMENDED CORRECT			

#### PART II CORRECTIVE ACTION TAKEN OR PROPOSED

CORRECTIVE ACTION TAKEN OR P	ROPOSED:	
ESTIMATED COMPLETION DATE:	ACTUAL COMPLETION DATE:	
	1161-2, MUST BE INCLUDED WITH RESPONSE FOR EACH ICH CANNOT BE CORRECTED IN 30 DAYS	
CORRECTIVE ACTION TAKEN BY:		72
NAME (PRINT):		
TITLE (PRINT):		
SIGNATURE/DATE:		



#### DEPARTMENT OF THE ARMY

### HEADQUARTERS, U.S. ARMY GARRISON FORT MONMOUTH Fort Monmouth, New Jersey 07703-5101



REPLY TO ATTENTION OF

S: 15 August 2003

**SELFM-SO** 

17 July 2003

MEMORANDUM THRU Mr. Glen Perlakowski, Director, Directorate for Morale, Welfare and Recreation

TO Mr. Joe Himmelreich, Manager, Bowling Center

SUBJECT: Annual Safety Survey and Program Evaluation

- 1. Reference CECOM-R 385-4, 7 Aug 88, Safety Program.
- 2. Ms. Gail Paustian, OSHA Management Office (OMO), completed the Annual Safety Inspection of the Bowling Center.
- 3. Deficiencies noted during the walk through inspection are enclosed. Request Part II, corrective action taken or proposed be completed and returned to this office by 15 August 2003.

4. The POC for this action is Gail Paustian, X20083.

Encl

Director, Public Safety

VIOLATION NUMBER:	001	BUILDING NUMBER:	689
OFFICE SYMBOL:	SELFM-MWR-BA- B	ROOM NUMBER:	Eating Area by Snack Bar
INSPECTION TYPE:	Annual	TYPE OF VIOLATION:	
INSPECTION DATE:	15 Jul 03	STANDARD VIOLATED:	1910.305 (b)
INSPECTOR ID:	GP	RAC CODE:	2C3
RECOMMENDED CORF	ECTIVE ACTION:		
Unused openings in cabine opening.	ts shall be effectively clo	osed. Submit service order to h	ave cover placed over the
INSPECTOR'S SIGNATU	JRE: Gail Paustian	hil Paultian	DATE 17 July 2003

#### PART II CORRECTIVE ACTION TAKEN OR PROPOSED

CORRECTIVE ACTION TAKEN OR I	PROPOSED:		
			·
ESTIMATED COMPLETION DATE:		ACTUAL COMPLETION	
		DATE:	
ABATEMENT PLAN SEL FORM	1161-2, MUST	BE INCLUDED WITH RESPO	ONSE FOR EACH
DEFICIENCY WI	HCH CANNO	T BE CORRECTED IN 30 DAY	íS .
CORRECTIVE ACTION TAKEN		the first over the relative of the second	AND THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN
BY:			
NAME (PRINT):		_	
TITLE (PRINT):			
SIGNATURE/DATE:	,		

VIOLATION NUMBER:	002	BUILDING NUMBER:	689		
OFFICE SYMBOL:	SELFM-MWR-BA-	ROOM NUMBER:	Janitors Room		
	В				
INSPECTION TYPE:	Annual	TYPE OF VIOLATION:			
INSPECTION DATE:	15 July 03	STANDARD VIOLATED:	NEC 210		
INSPECTOR ID:	GP	RAC CODE:	2B2		
Two outlets located in Janitors Room in close proximity to sink are not equipped with Ground fault circuit interrupter (GFCI).  RECOMMENDED CORRECTIVE ACTION: Submit service order to have outlets protected with ground fault circuit interrupter (GFCI)					

#### PART II CORRECTIVE ACTION TAKEN OR PROPOSED

CORRECTIVE ACTION TAKEN OR	PROPOSED:	
ESTIMATED COMPLETION DATE:	ACTUAL COMPLETI	ION
	1161-2, MUST BE INCLUDED WITH HICH CANNOT BE CORRECTED IN	
CORRECTIVE ACTION TAKEN BY:		
NAME (PRINT):		
TITLE (PRINT):		
SIGNATURE/DATE:		

VIOLATION NUMBER:	003	BUILDING NUMBER:	689
OFFICE SYMBOL:	SELFM-MWR-BA- B	ROOM NUMBER:	Back of Bowling Center near mechanics room
INSPECTION TYPE:	Annual	TYPE OF VIOLATION:	
INSPECTION DATE:	15 July 03	STANDARD VIOLATED:	1910.212
INSPECTOR ID:	GP	RAC CODE:	2B2
Air compressor does not have RECOMMENDED CORR Submit service order to fa	ECTIVE ACTION:	ng belt.  d around exposed belt on air c	ompressor.
INSPECTOR'S SIGNATU		bel a Paustin	DATE 17 July 2003

#### PART II CORRECTIVE ACTION TAKEN OR PROPOSED

CORRECTIVE ACTION TAKEN OR	PROPOSED:		
ESTIMATED COMPLETION DATE:		ACTUAL COMPLETION	
		DATE:	<u> </u>
ABATEMENT PLAN SEL FORM	1161-2, MUS	FBE INCLUDED WITH RESP	ONSE FOR EACH
DEFICIENCY WI	HCH CANNO	OT BE CORRECTED IN 30 DA	YS
CORRECTIVE ACTION TAKEN		No. 18 April 1985	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN
BY:	Ly Su Y		
NAME (PRINT):			
TITLE (PRINT):			
SIGNATURE/DATE:	T		

#### DEPARTMENT OF THE ARMY



Headquarters, U.S. Army Garrison Fort Monmouth Fort Monmouth, New Jersey 07703 - 5101



REPLY TO ATTENTION OF

S: 19 October 2001

**SELFM-SO** 

17 September 2001

MEMORANDUM FOR Mr. G. Perlakowski, Acting Director, Directorate for Morale, Welfare, and Recreation

SUBJECT: Safety Inspection

- 1. Reference CECOM-R 385-4, 7 Aug 88, Safety Program.
- 2. A safety inspection of the Directorate for Morale, Welfare, and Recreation was conducted during the month of August by Gail Paustian and Mary Ward, Safety Specialists, OSHA Management Office (OMO).
- 3. Enclosed are deficiencies and recommended corrective actions noted during the inspection. Deficiencies are grouped according to services and buildings for easy distribution.
- 4. The POC for this action is Gail Paustian or Mary Ward, X20083.

FOR THE COMMANDER:

Encl

GEORGE W. MUDD

Chief of Staff

SWY PFC

### INSPECTION/DEFICIENCY REPORT PART I DESCRIPTION OF DEFICIENCIES AND RECOMMENDED CORRECTIVE ACTION

VIOLATION NUMBER:	001	BUILDING NUMBER:	114
OFFICE SYMBOL:	SELFM- MWR-PF	ROOM NUMBER: ISSUING ROOM: KITCHEN	Physical Fitness Center
INSPECTION TYPE:	ANNUAL	TYPE OF VIOLATION:	NA
INSPECTION DATE:	20 Aug 2001	STANDARD VIOLATED:	1910.106(e)(a)(iii)
INSPECTOR ID:	MW/GP	RAC CODE:	2B2



Flammable cans are located under the kitchen counter directly beside stove

#### RECOMMENDED CORRECTIVE ACTION:

The storage cabinet already in area designated for flammable material. Place additional cans in the area also.

1	
INSPECTOR'S SIGNATURE:	DATE: 20/Lucy 20
7	

CORRECTIVE ACTION TAKEN OR Moved flammable material flammable material	PROPOSED: ( to storage cabinet in	premates grated for
ESTIMATED COMPLETION	ACTUAL COMPLEDATE: 10/4/6	
DATE: 10/4/01	1161-2, MUST BL INCLUDED WI	
	HCH CANNOT BE CORRECTED	
CORRECTIVE ACTION TAKEN BY:	:	en e
NAME (PRINT):	Thomas Tarlton	
TITLE (PRINT):	Facility Spec, -	
SIGNATURE/DATE:	Trown Canto	
RETURN TO GARRIS	ON SAFETY OFFICE, SELEM-SO	/X20083/FAX 22511

VIOLATION NUMBER:	002	BUILDING NUMBER:	114
OFFICE SYMBOL:	SELFM- MWR-PF	ROOM NUMBER: ISSUING ROOM: ADMIN OFFICE	Physical Fitness Center
INSPECTION TYPE:	ANNUAL	TYPE OF VIOLATION:	NA
INSPECTION DATE:	20 Aug 2001	STANDARD VIOLATED:	1910,211
INSPECTOR ID:	MW/GP	RAC CODE:	2B2
RECOMMENDED CORREC	TIVE ACTION:		
RECOMMENDED CORREC Warning machine is needed to		ile using machine	

CORRECTIVE ACTION TAKEN OR I	PROPOSED.		
Sign puton Shedder	- machin	€.	•
ESTIMATED COMPLETION		ACTUAL COMPLETION	
DATE: 10/4/01		DATE: (6/4/0)	
ABATEMENT PLAN SEL FORM	1161-2, MUST	BE INCLUDED WITH RESPO	ONSE FOR EACH
DEFICIENCY WI	HCH CANNO	T BE CORRECTED IN 30 DAY	18
CORRECTIVE ACTION TAKEN			
BY: Oggtar			
NAME (PRINT):	Thomas	Tariton	
TITLE (PRINT):	Facility	Special	
SIGNATURE/DATE:	Thomas	Jeath	
RETURN TO GARRISO	DN SAFETY C	DFFICE, SELFM-SO/X20083/F.	XX 22511

VIOLATION NUMBER:	003	BUILDING NUMBER:	114
OFFICE SYMBOL:	SELFM- MWR-PF	ROOM NUMBER: ISSUING ROOM: KITCHEN AREA	Physical Fitness Center
INSPECTION TYPE:	ANNUAL	TYPE OF VIOLATION:	NA
INSPECTION DATE:	20 Aug 2001	STANDARD VIOLATED:	1910.155
INSPECTOR ID:	MW/GP	RAC CODE:	2B2

Portable heater (toastmaster automatic heater) located in kitchen area.

RECOMMENDED CORRECTIVE ACTION:

Customer left this item at PFC and this item is not approved for usage on post. This needs to be disposed of.

INSPECTOR'S	SIGNATURE:	DAT	11 12 12 2001
77-6-			<del></del>

#### PART II CORRECTIVE ACTION TAKEN OR PROPOSED

Portable henter has be	PROPOSED:	sed from facilit	7.
	,		
ESTIMATED COMPLETION	ì	ACTUAL COMPLETION	
DATE: 10/4/01		DATE: 10/4/01	
ABATEMENT PLAN SEL FORM	1161-2, MUS1	BUINCEUDED WITH RESP	ONSE FOR EACH
DLEICHNCY WI	HCH CANNO	LBE CORRECTED IN 30 DA	15
CORRECTIVE ACTION TAKEN			
BY:			
NAME (PRINT):	Thomas	Tarloon	
TITLE (PRINT):	Facility	Special	
SIGNATURE/DATE:	thomas	Carto	

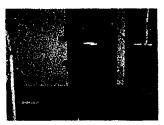
RETURN TO GARRISON SATE 1Y OFFICE, SELEMI-SO/X20083/FAX 22511

#### NSPECTION/DEFICIENCY REPORT

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#### DESCRIPTION OF DEFICIENCIES AND RECOMMENDED CORRECTIVE ACTION

VIOLATION NUMBER:	004	BUILDING NUMBER:	114
OFFICE SYMBOL:	SELFM- MWR-PF	ROOM NUMBER: ISSUING ROOM: AEROBIC ROOM	Physical Fitness Center
INSPECTION TYPE:	ANNUAL	TYPE OF VIOLATION:	NA
INSPECTION DATE:	20 Aug 2001	STANDARD VIOLATED:	1910.37(K)(2)
INSPECTOR ID:	MW/GP	RAC CODE:	2B2



Bicycle is located directly in front of door that used as exit for emergency

RECOMMENDED CORRECTIVE ACTION:

Means of egress has to be clear for personnel to exit if deemed necessary. Bicycle needs to be removed.

INSRE	CTOR'S S	IGNAT	URE:	
	un		10	eg

DATE: 20 Ruez 200/

#### PART II CORRI CTIVE ACHON TAKEN OR PROPOSED

B. cycle has been mo	PROPOSED:	y from exit door	•
,			
``			
	·		
ESTIMATED COMPLETION		ACTUAL COMPLETION	
DATE: 7 6/9/0(		DATE: 10/4/01	
ABATEMENT PLANSEL FORM	1161-2, MUS1	BE INCLUDED WITH RESPO	ONSE FOR EACH
DLICENCY WE	HCH CANNO	1 BE CORRECTED IN 30 DAY	8
CORRECTIVE ACTION TAKEN			
BY:			a service stay of the original
NAME (PRINT):	Thomas	Tarlton	
TITLE (PRINT):	Fallility		
SIGNATURE/DATE:	Thomas	Wat to	

RETURN TO GARRISON SAFETY OFFICE, SLI EM-SO/X20083/FAX 22511

VIOLATION NUMBER:	005	BUILDING NUMBER:	114
OFFICE SYMBOL:	SELFM- MWR-PF	ROOM NUMBER: ISSUING ROOM: AEROBIC ROOM	Physical Fitness Center
INSPECTION TYPE:	ANNUAL	TYPE OF VIOLATION:	NA
INSPECTION DATE:	20 Aug 2001	STANDARD VIOLATED:	1910.37(q)(6)
INSPECTOR ID:	MW/GP	RAC CODE:	2B2

Exit light located near exit door not illumating

RECOMMENDED CORRECTIVE ACTION:



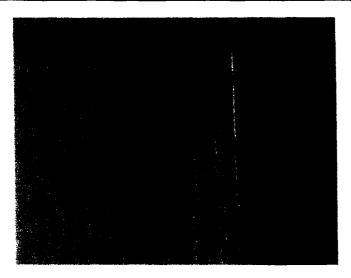
Work order needs to be put in to have bulb replaced.

INSPECT	TOR'S SI	GNATUR	E: /
1//	111		all
<del>- / //</del> \			

DATE: 20 Aug 500)

CORRECTIVE ACTION TAKEN OR	PROPOSED:	u16sin.	
Work order placed to pu work order # 02-10	337 P.	aced on 10/4/01	
work order to Cd - 18	221 10		
	•		
ESTIMATED COMPLETION		ACTUAL COMPLETION	
DATE: 10/6/01		DATE:	
ABA4EMENT PLANSEL FORM	1161-2, MUSI	BE INCLUDED WITH RESPO	ONSETOR EACH
DELICIENCY WI	HCH CANNO	EBL CORRECTED IN 30 DAY	`
CORRECTIVE ACTION TAKEN			
BY:			
NAME (PRINT):	Thomas	Tarlton	
TITLE (PRINT):	Fadality	Spec	
SIGNATURE/DATE:	Liverie		
RETURN TO GARRISO	0784417 (	DELICE, SELEM-SO/X20083/L9	X 22511

VIOLATION NUMBER:	006	BUILDING NUMBER:	114
OFFICE SYMBOL:	SELFM- MWR-PF	ROOM NUMBER: ISSUING ROOM: weight room	Physical Fitness Center
INSPECTION TYPE:	ANNUAL	TYPE OF VIOLATION:	NA
INSPECTION DATE:	20 Aug 2001	STANDARD VIOLATED:	1910.305
INSPECTOR ID:	MW/GP	RAC CODE:	2B2



Electrical box not covered

RECOMMENDED CORRECTIVE ACTION:

All electrical wires are not to be exposed. Covering is needed.

INSPECTOR'S SIGNATURE:

DATE:

#### PART II CORRECTIVE ACTION TAKEN OR PROPOSED

CORRECTIVE ACTION TAKEN OR I			
Lack intook was 6	6644 CC002	the entry	
	v		
ESTIMATED COMPLETION		ACTUAL COMPLETION	
DATE: 10/6/6		DATE: 10/6/01	
ABATEMENT PLAN SEL FORM	1161-2, MUST B	BE INCLUDED WITH RESPO	NSE FOR EACH
DEFICIENCY WE		BE CORRECTED IN 30 DAY	S
CORRECTIVE ACTION TAKEN			
BY:			
NAME (PRINT):	Thomas ?	Tayler	
TITLE (PRINT):	で物で、し、もつ、	5001-	
SIGNATURE/DATE:	tower .	106-120	

RETURN TO GARRISON SAFETY OFFICE, SELEM-SO/X20083/FAX 22511

#### DEPARTMENT OF THE ARMY



Headquarters, U.S. Army Garrison Fort Monmouth Fort Monmouth, New Jersey 07703 - 5101



REPLY TO ATTENTION OF

S: 19 October 2001

**SELFM-SO** 

17 September 2001

MEMORANDUM FOR Mr. G. Perlakowski, Acting Director, Directorate for Morale, Welfare, and Recreation

SUBJECT: Safety Inspection

- 1. Reference CECOM-R 385-4, 7 Aug 88, Safety Program.
- 2. A safety inspection of the Directorate for Morale, Welfare, and Recreation was conducted during the month of August by Gail Paustian and Mary Ward, Safety Specialists, OSHA Management Office (OMO).
- 3. Enclosed are deficiencies and recommended corrective actions noted during the inspection. Deficiencies are grouped according to services and buildings for easy distribution.
- 4. The POC for this action is Gail Paustian or Mary Ward, X20083.

FOR THE COMMANDER:

Encl

EORGEW. MUDD

Chief of Staff

SALY COMM CTE

### INSPECTION/DEFICIENCY REPORT PART 4 DESCRIPTION OF DEFICIENCIES AND RECOMMENDED CORRECTIVE ACTION

VIOLATION NUMBER:	003	BUILDING NUMBER:	552
OFFICE SYMBOL:	SELFM- MWR-RC	ROOM NUMBER: Billard Room	COMMUNITY CENTER
INSPECTION TYPE:	ANNUAL	TYPE OF VIOLATION:	NA
INSPECTION DATE:	23 Jul 2001	STANDARD VIOLATED:	
INSPECTOR ID:	MW/GP	RAC CODE:	2B2
RECOMMENDED CORRECT	IVE ACTION:		
RECOMMENDED CORRECT  Call DPW work order des		have hulb replaced	
Can DI W Work order de	/ / / / / / / / / / / / / / / / / / /	nave build replaced.	
INSPECTOR'S SIGNATURE:	's cel		DATE: 2001

CORRECTIVE ACTION TAKEN OR I	PROPOSED: SERVICE order Was Called in Wolf 41273
ESTIMATED COMPLETION DATE:	ACTUAL COMPLETION DATE: 27 844 2001
	1161-2, MUST BE INCLUDED WITH RESPONSE FOR EACH HCH CANNOT BE CORRECTED IN 30 DAYS
CORRECTIVE ACTION TAKEN BY: 1 V G	
NAME (PRINT):	Robento Lina
TITLE (PRINT):	FAC. TECH
SIGNATURE/DATE:	<b>/</b>
RETURN TO GARRISO	ON SAFETY OFFICE, SELFM-SO/X20083/FAX 22511

VIOLATION NUMBER:	001	BUILDING NUMBER:	552
OFFICE SYMBOL:	SELFM- MWR-RC	ROOM NUMBER:	COMMUNITY CENTER
INSPECTION TYPE:	ANNUAL	TYPE OF VIOLATION:	NA
INSPECTION DATE:	23 Jul 2001	STANDARD VIOLATED:	1910-305(g)(1)
INSPECTOR ID:	MW/GP	RAC CODE:	2B2

Electrical Cord extended out of window into outlet.



Outside outlet needs to be repaired.

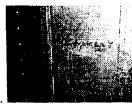
RECOMMENDED CORRECTIVE ACTION:

Call DPW to put in work order to have outlet repaired

INSPECTOR'S SIGNATURE: Muy West 23 pt 201

CORRECTIVE ACTION TAKEN OR  W/ # 0/33 953 W AS	PROPOSED: FLECTRICAL CORD WAS 46 MITES ON 5/16/01 FOR ME OUT WAITEING FOR APPOUAL AS OF C	S REMOVED. A.
wo-Kordens have been commonths,	alled in and building is used in the s	.ummer
ESTIMATED COMPLETION DATE:	ACTUAL COMPLETION DATE:	
	I 1161-2, MUST BE INCLUDED WITH RESPONS HICH CANNOT BE CORRECTED IN 30 DAYS	E FOR EACH
CORRECTIVE ACTION TAKEN BY:		
NAME (PRINT):	Chesten CZERWINSKI	
TITLE (PRINT):	MATERIALS HINDLER	
SIGNATURE/DATE:	Cho Com	
RETURN TO GARRIS	SON SAFETY OFFICE, SELFM-SO/X20083/FAX 2	2511

VIOLATION NUMBER:	001	BUILDING NUMBER:	552
OFFICE SYMBOL:	SELFM- MWR-RC	ROOM NUMBER:	COMMUNITY CENTER
INSPECTION TYPE:	ANNUAL	TYPE OF VIOLATION:	NA.
INSPECTION DATE:	23 Jul 2001	STANDARD VIOLATED:	1910-305(b) 2
INSPECTOR ID:	MW/GP	RAC CODE:	282





Electrical Box uncovered and unlabeled.

#### RECOMMENDED CORRECTIVE ACTION:

Call DPW to put in work order to have electrical box cover put on and box labeled.

INSPECTOR'\$ SIGNATURE:	7	DATE:
111111111111111111111111111111111111111	, for the	

CORRECTIVE ACTION TAKEN OR				
BOX CIFER NO# 0210	274 PLUS	10 MANCE O	1964 1 2000	,
ania y antil				
ESTIMATED COMPLETION U	·	ACTUAL COMPLEDATE:	TION	
ABATEMENT PLAN SEL FORM DEFICIENCY W		BE INCLUDED WI TBE CORRECTED		R EACH
CORRECTIVE ACTION TAKEN BY:				
NAME (PRINT):	<del></del>	ro LARA		
TITLE (PRINT):	FA	C. TECH		
SIGNATURE/DATE:		,		
RETURN TO GARRI	SON SAFETY O	FFICE, SELFM-SO	X20083/FAX 22511	

VIOLATION NUMBER:	003	BUILDING NUMBER:	552
OFFICE SYMBOL:	SELFM- MWR-RC	ROOM NUMBER:	COMMUNITY CENTER
INSPECTION TYPE:	ANNUAL	TYPE OF VIOLATION:	NA
INSPECTION DATE:	23 Jul 2001	STANDARD VIOLATED:	1910-157©(4)
INSPECTOR ID:	MW/GP	RAC CODE:	2B2

Fire Extinguisher needs recharging.

#### RECOMMENDED CORRECTIVE ACTION:

Fire extinguisher should be maintained in a fully charged and operable condition. Call Fire Department Safety Officer, Tom Braumuler, ext 2-3084

	//
INSPÉCTOR'S SIGNATURE:	DATE: Jul 2001

#### PART II CORRECTIVE ACTION TAKEN OR PROPOSED

CHARLES FIRE EXTINGE		FIRE DEAT	CAMBC	OVER AND
ECTION ATTEND CONTRACTOR		L. comy L. co. co.		
ESTIMATED COMPLETION DATE:		ACTUAL COMP		
			123/01	
ABATEMENT PLAN SEL FORM				
	HCH CANNO	T BE CORRECTE	D IN 30 DAY	· S
CORRECTIVE ACTION TAKEN				
BY:				· · · · · · · · · · · · · · · · · · ·
NAME (PRINT):	ROBE	ero Lana V		
TITLE (PRINT):	FAC.			
SIGNATURE/DATE:	I			

RETURN TO GARRISON SAFETY OFFICE, SELFM-SO/X20083/FAX 22511

#### DEPARTMENT OF THE ARMY



Headquarters, U.S. Army Garrison Fort Monmouth Fort Monmouth, New Jersey 07703 - 5101



REPLY TO ATTENTION OF

S: 19 October 2001

**SELFM-SO** 

17 September 2001

MEMORANDUM FOR Mr. G. Perlakowski, Acting Director, Directorate for Morale, Welfare, and Recreation

SUBJECT: Safety Inspection

- 1. Reference CECOM-R 385-4, 7 Aug 88, Safety Program.
- 2. A safety inspection of the Directorate for Morale, Welfare, and Recreation was conducted during the month of August by Gail Paustian and Mary Ward, Safety Specialists, OSHA Management Office (OMO).
- 3. Enclosed are deficiencies and recommended corrective actions noted during the inspection. Deficiencies are grouped according to services and buildings for easy distribution.
- 4. The POC for this action is Gail Paustian or Mary Ward, X20083.

FOR THE COMMANDER:

Encl

GEÓRGEW. MUDD

Chief of Staff

SALY

### INSPECTION/DEFICIENCY REPORT PART I DESCRIPTION OF DEFICIENCIES AND RECOMMENDED CORRECTIVE ACTION

VIOLATION NUMBER:	001	BUILDING NUMBER:	801
OFFICE SYMBOL:	SELFM- MWR-OR	ROOM NUMBER: Marketing Room	GEAR TO GO
INSPECTION TYPE:	ANNUAL	TYPE OF VIOLATION:	NA
INSPECTION DATE:	2 Aug 2001	STANDARD VIOLATED:	1910.20
INSPECTOR ID:	MW	RAC CODE:	2B2
Path leading to Circuit Br RECOMMENDED CORRECT		cked	
RECOMMENDED CORRECT	TIVE ACTION:  exes need to be re-	emoved in order to have dire	ct access to the
RECOMMENDED CORRECT	TIVE ACTION:  exes need to be received an eme	emoved in order to have dire rgency.	ct access to the  OATE:  200

CORRECTIVE ACTION TAKEN OR I	PROPOSED:
copying machine	Box
'/ / /	Box
,	
ESTIMATED COMPLETION	ACTUAL COMPLETION
DATE:	DATE: 4 oct of
ABATEMENT PLAN SEL FORM	1161-2, MUST BE INCLUDED WITH RESPONSE FOR EACH
DEFICIENCY WI	HCH CANNOT BE CORRECTED IN 30 DAYS
CORRECTIVE ACTION TAKEN	
BY: 9A( Indelce	
NAME (PRINT):	Salvatore Impollonia
TITLE (PRINT):	Operations TeamZeader
SIGNATURE/DATE:	talken in your of
RETURN TO GARRIS	ON SAFETY OFFICE, SELFM-SO/X20083/FAX 22511

VIOLATION NUMBER:	001	BUILDING NUMBER:	801
OFFICE SYMBOL:	SELFM-	ROOM NUMBER: Men's	GEAR TO GO
	MWR-OR	Bathroom	
INSPECTION TYPE:	ANNUAL	TYPE OF VIOLATION:	NA
INSPECTION DATE:	2 Aug 2001	STANDARD VIOLATED:	1910.106(e)(9)(iii)
INSPECTOR ID:	MW	RAC CODE:	2B2
Chemicals used by Cleaning RECOMMENDED CORRECT			
RECOMMENDED CORRECT	TIVE ACTION:	g materials in proper storag	ge area. Call TVS and
RECOMMENDED CORRECT	TIVE ACTION:  to store cleanin leaning supplies		ge area. Call TVS and  DATE:  2 Note: 200/

#### PART II CORRECTIVE ACTION TAKEN OR PROPOSED

CORRECTIVE ACTION TAKEN OR I Cleaning materials Storage area. TUS was Supplies.	PROPOSED: were m	loved and put in	to aproper
ESTIMATED COMPLETION		ACTUAL COMPLETION	
DATE: 10/5/01		DATE: 10/5/01	
ABATEMENT PLAN SEL FORM	1161-2, MUST	BE INCLUDED WITH RESPO	DNSE FOR EACH
DEFICIENCY WI	HCH CANNO	T BE CORRECTED IN 30 DAY	$^{\circ}$ S
CORRECTIVE ACTION TAKEN	· · · · · · · · · · · · · · · · · · ·		
BY:	la Barton estados en como estados estados Barton estados en como estados estados estados en como estados en como estados en como estados en como estados		
NAME (PRINT):	Salvato	ove Impollania	
TITLE (PRINT):		ions ream Leader	
SIGNATURE/DATE:	mi		d 7
DETUDN TO CARDIS	AN CAPPING	MULICE SELLM SO/N 20092/E	N: 32211

RETURN TO GARRISON SAFETY OFFICE, SELEM-SO/X20083/FAX 22511

VIOLATION NUMBER:	001	BUILDING NUMBER:	801	
OFFICE SYMBOL:	SELFM-	ROOM NUMBER: Men's	GEAR TO GO	
	MWR-OR	Bathroom		
INSPECTION TYPE:	ANNUAL	TYPE OF VIOLATION:	NA	
INSPECTION DATE:	2 Aug 2001	STANDARD VIOLATED:	1910.301	
INSPECTOR ID:	MW	RAC CODE:	2B2	
RECOMMENDED CORRECTIVE ACTION:  Call work order desk and have them replace light bulb				
INSPECTOR'S SIGNATURE:  DATE:  2 Reg 2001				

CORRECTIVE ACTION TAKEN OR I	PROPOSED:
Light has been replace	.d.
9	
ESTIMATED COMPLETION	ACTUAL COMPLETION
DATE: 10/4/01	DATE: 10/4/01
ABATEMENT PLAN SEL FORM	1161-2, MUST BE INCLUDED WITH RESPONSE FOR EACH
DEFICIENCY WI	HCH CANNOT BE CORRECTED IN 30 DAYS
CORRECTIVE ACTION TAKEN	
BY:	a de la companya del companya de la companya del companya de la companya del la companya de la c
NAME (PRINT):	Salvatore Impollonia
TITLE (PRINT):	Operations Team/Leader
SIGNATURE/DATE:	Sand 1/ no 97
RETURN TO GARRISO	ON SAFETY OFFICE, SELFM-SO/X20083/FAX 22511

#### DEPARTMENT OF THE ARMY



Headquarters, U.S. Army Garrison Fort Monmouth Fort Monmouth, New Jersey 07703 - 5101



REPLY TO ATTENTION OF

S: 19 October 2001

**SELFM-SO** 

17 September 2001

MEMORANDUM FOR Mr. G. Perlakowski, Acting Director, Directorate for Morale, Welfare, and Recreation

SUBJECT: Safety Inspection

- 1. Reference CECOM-R 385-4, 7 Aug 88, Safety Program.
- 2. A safety inspection of the Directorate for Morale, Welfare, and Recreation was conducted during the month of August by Gail Paustian and Mary Ward, Safety Specialists, OSHA Management Office (OMO).
- 3. Enclosed are deficiencies and recommended corrective actions noted during the inspection. Deficiencies are grouped according to services and buildings for easy distribution.
- 4. The POC for this action is Gail Paustian or Mary Ward, X20083.

FOR THE COMMANDER:

Encl

GEORGEW. MUDD

Chief of Staff\_



VIOLATION NUMBER:	001	BUILDING NUMBER:	450
OFFICE SYMBOL:	SELFM- MWR-MR	ROOM NUMBER: ISSUING ROOM	MARINA
INSPECTION TYPE:	ANNUAL	TYPE OF VIOLATION:	NA
INSPECTION DATE:	20 Aug 2001	STANDARD VIOLATED:	1910.211
INSPECTOR ID:	MW/GP	RAC CODE:	2B2

Shedder machine missing sign

RECOMMENDED CORRECTIVE ACTION:

Machine needs caution sign to prevent injuries to personnel utilizing the equipment.

REPECTOR'S SIGNATURE:	33

CORRECTIVE ACTION TAKEN OR I	PROPOSED:			
SIGN PROVIDED &	Y SAF	ETY OFF	ICE.	
SIGN INSTALLED.				
	<u> </u>			
ESTIMATED COMPLETION DATE:		ACTUAL COMPLET		
ABATEMENT PLAN SEL FORM	1161-2, MUST	BE INCLUDED WIT	H RESPON	SE FOR EACH
DEFICIENCY WE	HCH CANNO	UBE CORRECTED I	N 30 DAYS	
CORRECTIVE ACTION TAKEN				
BY:	erione de la companya del companya del companya de la companya de	en er er en en en en er er en kan den kan beste en er er en en er er er en er er en er er er en er er er er en	an makazilika	Post Break
NAME (PRINT):	MEHI	TUAND		
TITLE (PRINT):	FACIL	ITY TEC,	H	
SIGNATURE/DATE:	me	Willand	4 C	CT 01
RETURN TO GARRISO	ON SAFETY (	DEFICE, SELFM-SQ/N	20083/FAX	22511

VIOLATION NUMBER:	002	BUILDING NUMBER:	450
OFFICE SYMBOL:	SELFM- MWR-MR	ROOM NUMBER: ISSUING ROOM	MARINA
INSPECTION TYPE:	ANNUAL	TYPE OF VIOLATION:	NA
INSPECTION DATE:	20 Aug 2001	STANDARD VIOLATED:	1910.20
INSPECTOR ID:	MW/GP	RAC CODE:	2B2



Path to Circuit Breaker is blocked

RECOMMENDED CORRECTIVE ACTION:

Direct access to circuit breaker is needed for emergency purposes. Remove debris from area.

INSPECTOR'S SIGNATURE:	DATE:	- /
		<del>/</del>

CORRECTIVE ACTION TAKEN OR	PROPOSED:
SEBRIS REMOVED F	com ALEA 20 AUGOI
<b>.</b>	
ESTIMATED COMPLETION	ACTUAL COMPLETION of
DATE:	DATE: SO ALONG
ABATEMENT PLAN SEL FORM	1161-2, MUST BE INCLUDED WITH RESPONSE FOR EACH
DEFICIENCY W	HICH CANNOT BE CORRECTED IN 30 DAYS
CORRECTIVE ACTION TAKEN	
BY: 🌠	
NAME (PRINT):	MALGARST E HOLLAND
TITLE (PRINT):	MARINA FACILITY TECH
SIGNATURE/DATE:	Me Welland 4 De TO
RETURN TO GARRIS	ON SAFETY OFFICE, SELEM-SO/X20083/FAX 22541

VIOLATION NUMBER:	003	BUILDING NUMBER:	450
OFFICE SYMBOL:	SELFM-	ROOM NUMBER: ISSUING	MARINA
	MWR-MR	ROOM #Between 70-71 area	
INSPECTION TYPE:	ANNUAL	TYPE OF VIOLATION:	NA
INSPECTION DATE:	20 Aug 2001	STANDARD VIOLATED:	1910.22(a)(1)
INSPECTOR ID:	MW/GP	RAC CODE:	2B2
Bumper Dock (nails protruding)			
RECOMMENDED CORRECTI  Nails need fasten down due to to			
INSPECTOR'S SIGNATURE:	1	}	DATE:

CORRECTIVE ACTION TAKEN OF	R PROPOSED:		
RESETNAI	163 6	M Doc	/<
ESTIMATED COMPLETION DATE:		CTUAL COMPLETI	9N
ABATEMENT PLAN SEL FOR	W 1161-2, MUST BI		
CORRECTIVE ACTION TAKEN BY:	Street, Sec. 125 Acres		
NAME (PRINT):	ROBOR	T Spec L	T
TITLE (PRINT):	PAC	11 Tol TE	2CHNICIAN/
SIGNATURE/DATE:	- Bus	A A	
RETURN 10 GARRI	ISON SAFETA OFF	TCE, SELEM-SO/X2	0083/FAX 22511

# THE CONTRACTOR OF THE CONTRACT

#### DEPARTMENT OF THE ARMY

Headquarters, U.S. Army Garrison Fort Monmouth Fort Monmouth, New Jersey 07703 - 5101



REPLY TO ATTENTION OF

S: 19 October 2001

**SELFM-SO** 

17 September 2001

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SUBJECT: Safety Inspection

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FOR THE COMMANDER:

rnel

GEÓRGÞÁW. MUDD

Chief of Staff

SEC.FM-MWR

VIOLATION NUMBER:	1	BUILDING NUMBER:	2568
OFFICE SYMBOL:	SELFM- MWR-GP	ROOM NUMBER:	Charles Wood Pool Area
INSPECTION TYPE:	ANNUAL	TYPE OF VIOLATION:	NA
INSPECTION DATE:	23 Aug 2001	STANDARD VIOLATED:	1910.22
INSPECTOR ID:	MW/GP	RAC CODE:	2B2





Lane Markers for pool area are breaking in pieces

#### RECOMMENDED CORRECTIVE ACTION:

Lane Markers are no longer used and are hanging on fence area. Breaking up in pieces can be hazardous to occupants of pool and need to be removed.

TASPECTOR'S	SIGNATURE:	DATE:
11/1/11/11	11 recep	23 Ray 2004
777600		

#### PART II CORRECTIVE ACTION TAKEN OR <u>PROPOSED</u>

CORRECTIVE ACTION TAKEN OR PROPOSED:			
Nepsud			
ESTIMATED COMPLETION		ACTUAL COMPLETION	
DATE: YMAY OD		DATE:	<u> </u>
ABATEMENT PLAN SEL FORM	1161-2, MUS1	BE INCLUDED WITH RESPO	DNSE FOR EACH
DELICIENCY WHICH CANNOT BE CORRECTED IN 30 DAYS			
CORRECTIVE ACTION TAKEN	UNE STATE		
BY:			
NAME (PRINT):	Salvato	we Importania	
TITLE (PRINT):		~ From Leader /	
SIGNATURE/DATE:	Smlo	/(_ //	01

RETURN TO GARRISON SAFETY OFFICE, SELEM-SO/A20083/FAX 22511

<b>VIOLATION NUMBER:</b>	3	BUILDING NUMBER:	2568
OFFICE SYMBOL:	SELFM- MWR-GP	ROOM NUMBER:	Charles Wood Pool Are
INSPECTION TYPE:	ANNUAL	TYPE OF VIOLATION:	NA
INSPECTION DATE:	23 Aug 2001	STANDARD VIOLATED:	1910.22
INSPECTOR ID:	MW/GP	RAC CODE:	2B2
Playground is low in mulch			
Playground is low in mulcl			
Playground is low in mulcl			
	CTIVE ACTION:	little.	

Mulch will be ordered and placed by April 02, when senson opens			
•			
ESTIMATED COMPLETION		ACTUAL COMPLETION	1
DATE: April 02		DATE:	
ABATI MENT PLANSLE FORM	1161-2, MUS	BE INCLUDED WITH RESPO	ONSELFOR FACIL
DELICIENCY WI	HCH CANNO	TBL CORRECTED IN 30 DAY	<b>S</b>
CORRECTIVE ACTION TAKEN			
BY:			
NAME (PRINT):	Salvat	ore Impollania	
TITLE (PRINT):		ons Team Leader	
SIGNATURE/DATE:	1.12	26	fel et
RETURN 10 GARRISO	DN SAFETY (	91 FICE, SELEM-80/X20083/E9	AX 22511

VIOLATION NUMBER:	2	BUILDING NUMBER:	2568
OFFICE SYMBOL:	SELFM- MWR-GP	ROOM NUMBER:	Charles Wood Pool Area
INSPECTION TYPE:	ANNUAL	TYPE OF VIOLATION:	NA
INSPECTION DATE:	23 Aug 2001	STANDARD VIOLATED:	1910.22
INSPECTOR ID:	MW/GP	RAC CODE:	2B2



Vacuum Poles - Cleaning Poles are lying on side of pool area.

RECOMMENDED CORRECTIVE ACTIO	<b>ACTION:</b>	CTIVE	CORRE	OMMENDED	RECOM
------------------------------	----------------	-------	-------	----------	-------

These poles need to be hung up and out of area of pool occupants

١	INSPECTOR'	S SIGNATURE:
'	Merca	(1) cel

DATE:

CORRECTIVE ACTION TAKEN OR	R PROPOSED: ng Poles have Geen moved and put into
Storage.	
,	
	·
ESTIMATED COMPLETION	ACTUAL COMPLETION
DATE: 10/4/01	DATE: 10/6/01
ABATEMENT PLANSEL FORV	M 4161-2. MUST BE INCLUDED WITH RESPONSE FOR EACH
DEFICIENCY W	VIHICH CANNOT BL CORRECTED IN 30 DAYS
CORRECTIVE ACTION TAKEN	
BY:	
NAME (PRINT):	Salvatore Impollaria
TITLE (PRINT):	Operations Tran Lander
SIGNATURE/DATE:	Sello (han is/4)

OFFICE SYMBOL: INSPECTION TYPE: INSPECTION DATE: INSPECTOR ID:	SELFM- MWR-GP ANNUAL 23 Aug 2001	ROOM NUMBER:  TYPE OF VIOLATION:  STANDARD VIOLATED:	Charles Wood Pool Area  NA  1910,22
INSPECTION DATE:	23 Aug 2001		
		STANDARD VIOLATED:	1910,22
INSPECTOR ID:	3.634116330		#
	MW/GP	RAC CODE:	2B2
RECOMMENDED CORRECTIVE	E ACTION:		
When new door was put in, rubber rubber flap on new door.	flap is missin	g. A lot of toe injuries occur fro	m this missing piece. Put
INSPECTOR'S SIGNATURE:			DATE: 23 /42 2001

CORRECTIVE ACTION TAKEN OR I	PROPOSED:		ac FU	1) Sea Son ita
Work order will be place	_ before i	the opening	04 1 70	a 3 3 3 3 3 1 3 1
have rubben flap replace	ed i			
,				
ESTIMATED COMPLETION		ACTUAL COMP	OI ETION	
DATE: May O2		DATE:	LETION	
ABATEMENT PLAN SEL FORM	1161-2 MUST		WITH RESPO	DNSE FOR FACH
DEFICIENCY WI				
CORRECTIVE ACTION TAKEN				
BY:				
NAME (PRINT):	Salvato	re Impolle	onia	
TITLE (PRINT):		~s Team L		/
SIGNATURE/DATE:	1 als	11 6		1121
RETURN TO GARRISO	ON SAFETY C	DEFICE, SELEM-	SO/X20083/F:	AX 22511

VIOLATION NUMBER:	5	BUILDING NUMBER:	2568
OFFICE SYMBOL:	SELFM-	ROOM NUMBER: Chlorine	Charles Wood Pool Area
	MWR-GP	Room	
INSPECTION TYPE:	ANNUAL	TYPE OF VIOLATION:	NA
INSPECTION DATE:	23 Aug 2001	STANDARD VIOLATED:	1910.151©
INSPECTOR ID:	MW/GP	RAC CODE:	2B2
RECOMMENDED CORRE	CTIVE ACTION:		
Eye wash sign is required to	inform occupants of	location of eye wash	
	^		
INSPECTOR'S SIGNATUR	ie: arel		DATE: 23 Ace 2001

CORRECTIVE ACTION TAKEN OR I	PROPOSED:		04 100-1-
Eye wash sign will be a  of eye wash, will be a	ompleted	before opening Se	ason FYON
ESTIMATED COMPLETION		ACTUAL COMPLETION	
DATE: May 07		DATE:	
ABATEMENT PLAN SEL FORM	1161-2, MUS1	BE INCLUDED WITH RESPO	ONSE FOR EACH
DEFICIENCY WI	HCH CANNO	LBE CORRECTED IN 30 DAY	8
CORRECTIVE ACTION TAKEN			
BY:			
NAME (PRINT):	Salvat	ove Impollania	
TITLE (PRINT):		ons Fram Leader	
SIGNATURE/DATE:	Marie	7- //-	18/8/
RETURN TO GARRISO	ON SAFETY C	DEFICE, SELEM-SO/X20083/F.	AX 22511

#### DEPARTMENT OF THE ARMY

Headquarters U.S. Army Garrison Fort Monmouth Fort Monmouth, New Jersey 07703 - 5101



REPLY TO ATTENTION OF

S: 19 October 2001

SELFM-SO

17 September 2001

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SUBJECT: Safety Inspection

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FOR THE COMMANDER:

Encl

GEÓRGE W. MUDD

Chief of Staff

SALY COMV CYK

### INSPECTION/DEFICIENCY REPORT PART 1 DESCRIPTION OF DEFICIENCIES AND RECOMMENDED CORRECTIVE ACTION

VIOLATION NUMBER:	003	BUILDING NUMBER:	552
OFFICE SYMBOL:	SELFM-	ROOM NUMBER: Billard	COMMUNITY CENTER
	MWR-RC	Room	CENTER
INSPECTION TYPE:	ANNUAL	TYPE OF VIOLATION:	NA
INSPECTION DATE:	23 Jul 2001	STANDARD VIOLATED:	
INSPECTOR ID:	MW/GP	RAC CODE:	2B2
RECOMMENDED CORRECT	TIVE ACTION:		
Call DPW work order de	sk #2-1122 and l	have bulb replaced.	
	/		
INSPECTOR'S SIGNATURE			DATE:

#### PART II CORRECTIVE ACTION TAKEN OR PROPOSED

CORRECTIVE ACTION TAKEN OR	PROPOSED: SERVICE paden Wus Called in Wold 41273
ESTIMATED COMPLETION DATE:	ACTUAL COMPLETION DATE: 27 A44 2001
	1161-2, MUST BE INCLUDED WITH RESPONSE FOR FACH HCH CANNOT BE CORRECTED IN 30 DAYS
CORRECTIVE ACTION TAKEN BY: \( \infty \mathcal{S} \)	
NAME (PRINT): TITLE (PRINT):	ROBERTO LAND FAC. TECH
SIGNATURE/DATE:	

RETURN TO GARRISON SAFETY OFFICE, SELFM-SO/X20083/FAX 22511

COMMUNITY CENTER
NA
1910-305(g)(1)
2B2

Outside outlet needs to be repaired.

RECOMMENDED CORRECTIVE ACTION:

Call DPW to put in work order to have outlet repaired

INSPECTOR'S SIGNATURE:	6 - //	DATE:
9/1//	at 112 ment	1 73 6 1 700
- Julian	7_0000	25-14 2001

CORRECTIVE ACTION TAKEN OR	PROPOSED: ELECTRICAL CORD WAS REMIUSES 48 MIRES ON 5/14/01 FOR ME OUTLET WAITEING FOR AMOUNT AS OF OCT 4/01	2.8/
this NO 15 TILL	WAITEING FOR APROVAL AS OF OCT 4/01	
wo-k orders have been co	alled in and building is used in the Summer	1
months.		
ESTIMATED COMPLETION	ACTUAL COMPLETION	
DATE:	DATE:	-
ARATEMENT DI AN CUI EMPA	1 1161-2, MUST BE INCLUDED WITH RESPONSE FOR EACH	
ADATEMENT FLAN SELETORN		
	HICH CANNOT BE CORRECTED IN 30 DAYS	
DEFICIENCY W CORRECTIVE ACTION TAKEN		
DEFICIENCY W CORRECTIVE ACTION TAKEN BY:	HICH CANNOT BE CORRECTED IN 30 DAYS	

VIOLATION NUMBER:	003	BUILDING NUMBER:	552
OFFICE SYMBOL:	SELFM- MWR-RC	ROOM NUMBER:	COMMUNITY CENTER
INSPECTION TYPE:	ANNUAL	TYPE OF VIOLATION:	NA
INSPECTION DATE:	23 Jul 2001	STANDARD VIOLATED:	1910-157©(4)
INSPECTOR ID:	MW/GP	RAC CODE:	2B2

Fire Extinguisher needs recharging.

#### RECOMMENDED CORRECTIVE ACTION:

Fire extinguisher should be maintained in a fully charged and operable condition. Call Fire Department Safety Officer, Tom Braumuler, ext 2-3084

INSPÉCPOR'S SIGNATURE:		DATE:
1 luny (e)	any	23 Jul 2001
	T	

#### PART II CORRECTIVE ACTION TAKEN OR PROPOSED

Charled FIRE EXTINGUE		FIRE DEAT	CAMBC	OVER AND
ESTIMATED COMPLETION		ACTUAL COMP	LETION	
DATE:		DATE: JUL	123/01	
ABATEMENT PLAN SEL FORM	1161-2, MUST	BE INCLUDED V	VITH RESPO	ONSE FOR EACH
DEFICIENCY WI	HCH CANNO	1 BE CORRECTE	D IN 30 DAY	i.S
CORRECTIVE ACTION TAKEN				
BY:				ال كغيران الله ال
NAME (PRINT):	ROBE	to LANA		
TITLE (PRINT):	FAC.	TECH.		
SIGNATURE/DATE:				

RETURN TO GARRISON SAFETY OFFICE, SELFM-SO/X20083/FAX 22511

#### DEPARTMENT OF THE ARMY



Headquarters, U.S. Army Garrison Fort Monmouth Fort Monmouth, New Jersey 07703 - 5101



REPLY TO ATTENTION OF

S: 19 October 2001

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17 September 2001

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FOR THE COMMANDER:

Erel

GEÓRGEW. MUDD

Chief of Staff

INSPECTION TYPE: A		M NUMBER:	Mechanics room
	NNUAL TYP		intechanics i oom
INSPECTION DATE:		E OF VIOLATION:	
INSPECTION DATE:	07/24/01 STA	NDARD VIOLATED:	1910.1200
INSPECTOR ID: G	AP/MW RAC	CODE:	2B2

CORRECTIVE ACTION TAKEN OR I	DDADASED.
ALL BUTTLES ARE	. <i>U</i>
ESTIMATED COMPLETION DATE:	ACTUAL COMPLETION,
SAMO dAY	DATE: 24 July
ABATEMENT PLAN SEL FORM	1161-2, MUST BE INCLUDED WITH RESPONSE FOR EACH HICH CANNOT BE CORRECTED IN 30 DAYS
CORRECTIVE ACTION TAKEN BY: MARIX CIAYTON	
NAME (PRINT):	Salvatore Impollenia
TITLE (PRINT):	operations Team Kader
SIGNATURE/DATE:	NEMENT OFFICE SELUM-SO/X2/0083/FAX 22511

VIOLATION NUMBER:	02	BUILDING NUMBER:	689
OFFICE SYMBOL:	SELFM-MWR-BC	ROOM NUMBER:	Mechanics room
INSPECTION TYPE:	ANNUAL	TYPE OF VIOLATION:	
INSPECTION DATE:	07/24/01	STANDARD VIOLATED:	1910.1200
INSPECTOR ID:	GAP/MW	RAC CODE:	2B2
RECOMMENDED CORF			
Recommend a directory box.	dentifying each of the ci	rcuits be made and secured to t	he inside cover of the panel
INSPECTOR'S SIGNATU	JRE:	ustian.	DATE 26 July 2001

CORRECTIVE ACTION TAKEN OR	PROPOSED:	
BREAKER PANEL HAS	been MARKed	
ESTIMATED COMPLETION DATE:	ACTUAL COMPLETION	
ARATEMENT DI AN SEL EODM	DATE: 40cî 01	NSE FOD FACU
	HIGH CANNOT BE INCLUDED WITH RESPO HICH CANNOT BE CORRECTED IN 30 DAY:	
CORRECTIVE ACTION TAKEN BY: MARK CIAYTON		
NAME (PRINT):	Salvatore Impollonia	
TITLE (PRINT):	Operations Text Leader	
SIGNATURE/DATE:	Soft Could	4001 4
RETURN TO OSHA MANA	GEMENT OFFICE, SELFM-SO/X20083/FAX 2	2511

VIOLATION NUMBER:	03	BUILDING NUMBER:	689
OFFICE SYMBOL:	SELFM-MWR-BC	ROOM NUMBER:	Mechanics room
INSPECTION TYPE:	ANNUAL	TYPE OF VIOLATION:	
INSPECTION DATE:	07/24/01	STANDARD VIOLATED:	1910.178
INSPECTOR ID:	GAP/MW	RAC CODE:	2B2

#### **DESCRIPTION OF DEFICIENCIES:**

Old rental shoes located in boxes stored next to the exit door are leaning and look like them may topple over.

#### RECOMMENDED CORRECTIVE ACTION:

Restack boxes so they are secure and will not topple over.

INSPECTOR'S SIGNATURE:

GAIL A. PAUSTIAN/Mary Ward Anil Pounties

DATE 26 July 2001

### PART II CORRECTIVE ACTION TAKEN OR PROPOSED

CORRECTIVE ACTION TAKEN OR PRODUCTION OF THE COLOR		-	
ESTIMATED COMPLETION DATE:	ACTUA DATE:	AL COMPLETION,	
ABATEMENT PLAN SEL FORM 116 DEFICIENCY WHIC		CLUDED WITH RESPON DRRECTED IN 30 DAYS	SE FOR EACH
CORRECTIVE ACTION TAKEN BY: MANK CLAYTOC	and the second s	10 mg	
TITLE (PRINT):		Impollonia Feath Keader	
SIGNATURE/DATE:	sour	men	0/

VIOLATION NUMBER:	04	BUILDING NUMBER:	689
OFFICE SYMBOL:	SELFM-MWR-BC	ROOM NUMBER:	Pin Setting Area
INSPECTION TYPE:	ANNUAL	TYPE OF VIOLATION:	
INSPECTION DATE:	07/24/01	STANDARD VIOLATED:	NFPA 101
INSPECTOR ID:	GAP/MW	RAC CODE:	2B2

**DESCRIPTION OF DEFICIENCIES:** 

Exit sign needed for north side exit door.

RECOMMENDED CORRECTIVE ACTION:

Per Fire Inspector Tom Braumuller, paper exit signs are no longer used. A service order must be submitted to have an illuminated exit sign, ac powered installed.

**INSPECTOR'S SIGNATURE:** 

GAIL A. PAUSTIAN/Mary Ward

**DATE 26 July 2001** 

#### PART II CORRECTIVE ACTION TAKEN OR PROPOSED

Exil Sign has	PROPOSED:	A WURK ORLER	e ir
# 02-102-81			
ESTIMATED COMPLETION DATE:		ACTUAL COMPLETION DATE:	
ABATEMENT PLAN SEL FORM DEFICIENCY WE		BE INCLUDED WITH RESPO T BE CORRECTED IN 30 DAY	
CORRECTIVE ACTION TAKEN BY: TVS			
NAME (PRINT): TITLE (PRINT):		tore Impodionia	
SIGNATURE/DATE:	Sulm	5 / mil	0/

VIOLATION NUMBER:	05	BUILDING NUMBER:	689
OFFICE SYMBOL:	SELFM-MWR-BC	ROOM NUMBER:	Pin setting area
INSPECTION TYPE:	ANNUAL	TYPE OF VIOLATION:	
INSPECTION DATE:	07/24/01	STANDARD VIOLATED:	1910.308 (b) (3)
INSPECTOR ID:	GAP/MW	RAC CODE:	2B2

**DESCRIPTION OF DEFICIENCIES:** 

Emergency light over double exit door (south side) is not working when tested.

RECOMMENDED CORRECTIVE ACTION:

Submit a service order to have light repaired.

INSPECTOR'S SIGNATURE:
GAIL A. PAUSTIAN/Mary Ward Shil Question

**DATE 26 July 2001** 

### PART II CORRECTIVE ACTION TAKEN OR PROPOSED

CORRECTIVE ACTION TAKEN OR I		
ESTIMATED COMPLETION DATE:	ACTUAL COMPLETION DATE: & July	
	1161-2, MUST BE INCLUDED WITH RESPO HICH CANNOT BE CORRECTED IN 30 DAY	
CORRECTIVE ACTION TAKEN BY: 7V5		
NAME (PRINT):	Salvatore Impollonia Operations Team Lagler	
SIGNATURE/DATE:	Sulat Com	